

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Coe**

Mailing Address PO Box 111

City

State

Zip Code

Bucyrus

OH

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ohio Mutual Insurance Company

IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 10 / 2015

**Transaction ID : AD6385D49C26942428A3**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Coe**

Mailing Address PO Box 111

City

State

Zip Code

Bucyrus

OH

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ohio Mutual Insurance Company

IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

03 / 23 / 2015

**Transaction ID : A3B604EFC3822498783E**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Mr. Garrett Cooper**

Mailing Address PO Box 2227

City

State

Zip Code

Fort Wayne

IN

46801-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Brotherhood Mutual Insurance Company

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2015

**Transaction ID : ACE1A9DB1456B4454807**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.00